



APPLICATION FOR ADOPTION REGISTRY SERVICES

INSTRUCTIONS: Complete this form to register identifying information with the Florida Adoption Reunion Registry. Your signature constitutes consent for the Registry to release that information to parties you have listed in Section D. Print or type all information, leaving blank any questions which you cannot answer. Sign and date Section G.

REMITTANCE: A non-refundable fee of \$35.00 (check or money order) should accompany your completed application. If such fee will create a financial hardship, a letter justifying waiver of the fee should accompany the application.

NOTE: In addition to other penalties imposed by law, a \$10.00 service fee will be charged for dishonored checks or drafts.

MAIL WITH FEE TO: Adoption Registry, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700

SECTION A: APPLICANT'S IDENTITY

APPLICANT'S PRESENT NAME (FIRST, MIDDLE, LAST)		CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)	
OTHER NAMES KNOWN AS:	SOCIAL SECURITY NUMBER		
RELATIONSHIP TO ADOPTEE	DATE AND PLACE OF BIRTH (CITY, COUNTY, STATE)	TELEPHONE NUMBER(S) (Home) (Work)	

SECTION B: STATUS OF ADOPTEE AT BIRTH (Furnish all known information)

CHILD'S NAME AT BIRTH (FIRST, MIDDLE, LAST)		NUMBER IN UPPER RIGHT-HAND CORNER OF CHILD'S ORIGINAL BIRTH CERTIFICATE
CHILD'S DATE OF BIRTH	SEX	MAIDEN NAME OR NAME USED BY NATURAL MOTHER AT BIRTH OF CHILD (FIRST, MIDDLE, LAST)
PLACE OF BIRTH (CITY, COUNTY, STATE)	NAME OF NATURAL FATHER (FIRST, MIDDLE, LAST)	

SECTION C: STATUS OF ADOPTEE AFTER ADOPTION (Furnish all known information)

CHILD'S NAME AFTER ADOPTION (FIRST, MIDDLE, LAST)	NAME OF ADOPTIVE FATHER AS NAMED ON DECREE (FIRST, MIDDLE, LAST)
NUMBER IN UPPER RIGHT-HAND CORNER OF CHILD'S BIRTH CERTIFICATE	NAME OF ADOPTIVE MOTHER AS NAMED ON DECREE (FIRST, MIDDLE, LAST)

SECTION D: CONSENT TO RELEASE IDENTIFYING INFORMATION

BY MY SIGNATURE BELOW, I hereby consent to disclosure by the Florida Adoption Reunion Registry of the information which I have provided in Section A of this application, to the following person(s), upon verification of identity and relationship, listed by their relationship to the adoptee (for example: ADOPTEE, BIRTH PARENTS, etc.):

LIST PERSONS YOU WANT INFORMATION GIVEN TO:

I would like to receive identifying information for any individual listed above. YES NO

SECTION E: ADOPTION COUNSELING SERVICES

I desire to discuss with Adoption Registry staff the counseling services (if any) available to me: YES NO

SECTION F: AGENT'S IDENTITY

Complete only if agent is used and enclose a witnessed statement of authority from principal.

AGENT'S NAME	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
TELEPHONE NUMBER	

SECTION G: RESPONSIBILITY OF APPLICANT

I understand the importance of providing complete information and attest that the information provided above is accurate to the best of my knowledge. I understand in accordance with Section 837.06, Florida Statutes, that making false statements in writing with the intent to mislead a public servant in the performance of his official duty is a misdemeanor of the second degree, punishable as provided in Sections 775.082, 775.083, or 775.084, Florida Statutes.

I also understand identifying information filed with the Adoption Registry will be disclosed in accordance with the consent of those duly registered, upon verification of their identity and relationship to the adoptee. I acknowledge responsibility for notifying the Registry to expand, restrict, withdraw, or update this information, including changes of name, address, and telephone number by submitting form CF 1491 and fee.

Signature of applicant _____ Date signed _____